

FILED JUL 23 1957

STANDARD CERTIFICATE OF DEATH

25838

STATE FILE NUMBER

Registration District No. 314

Primary Registration District No. 4457

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisy City</u>			c. CITY OR TOWN <u>Louisy city</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>			d. STREET ADDRESS <u>San. Delaney</u>		
3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>ELIZABETH</u> Last <u>HINKLE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1957</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>March 17 1866</u>		9. AGE (Years last birthday) <u>91</u>		10. UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>	
11. BIRTHPLACE (City and state or country) <u>Henry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Perry Sharp</u>	
14. MOTHER'S MAIDEN NAME <u>Fannie Page</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Everett Hinkle</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) <u>Arteriosclerosis</u> History <u>4221</u> DUE TO (c) <u>myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour <u>10</u> Month <u>July</u> Day <u>5</u> Year <u>1957</u> a. m. <u>00</u> p. m. <u>00</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1947</u> to <u>July 5, 1957</u> and last saw <u>her</u> alive on <u>July 5, 1957</u> Death occurred at <u>in on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE <u>G. B. Hinkle</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Louisy City Mo</u>		22c. DATE SIGNED <u>7/5/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>7-7-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Louisy city</u>	
23d. LOCATION (City, town, or county) <u>Louisy city</u>		(State) <u>Mo.</u>		24. FUNERAL DIRECTOR <u>SCHABERG FUNERAL HOME</u> ADDRESS <u>Clinton Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7/9-1957</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.